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## \*\* CONTINUING DATA \*\*\*\*\*

None SBM

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None SBM

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Sarah B. McFadden SBM</i> Examiner's Signature Initials	WA	4	17	3

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## TITLE

Multi-positional seat

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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